MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9142 CERTIFICATE OF DEATH with directar, PLACE OF DEATH filed MARYLAND Garratt funeral b. CITY OR TOWN (If autside carporate limits, write c. IFNGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) pe RURAL and give negrest town) shauld Oakland McCoole d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS OR INSTITUTION by Weeks-Cuppet Nursing Home R.F.D.Kevser 2 NAME OF DECEASED Middle 4. DATE Month filled DEATH (Type or print) Laura Snova Ambrose 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH last birthday) June 3.18 DIVORCED | WIDOWED A Female 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar fareign country) during most of warking life, even if retired) Retired House Wife Berkeley Springs, W. Val. Home 13. FATHER'S NAME offe physician Louis Dittmar Katherine Caldwell remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (If yes, give w 72 No None Homer Ambrose, McCoole, Md. attending POSP 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ARTERIOSCLERIOLIS WELLED Ē. Canditions, if any, which gave rise to immediate per DUE TO couse (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY burial-tr 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) attend SID 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) While Not while at wark at work 21. I certify that I attended the deceased from. . 19___that I last saw the deceased and that death occurred at 220 A.M. from the causes and on the date stated above. olive on FUNERAL DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL pe P 3 shaul PHYSICIAN'S NAME (Type) E. Irving Baum rtner 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Buria. 29-67 Berkeley Springs Greenway 246. REGISTRAR'S SIGNATURE

ADDRESS

0 VS A15 (4) 1SM 9/S8

23. FUNERAL DIRECTOR'S SIGNATURE

llegany

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stote)

(County)

24g. REC'D BY REGISTRAR

YES NO T

(State)

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM?

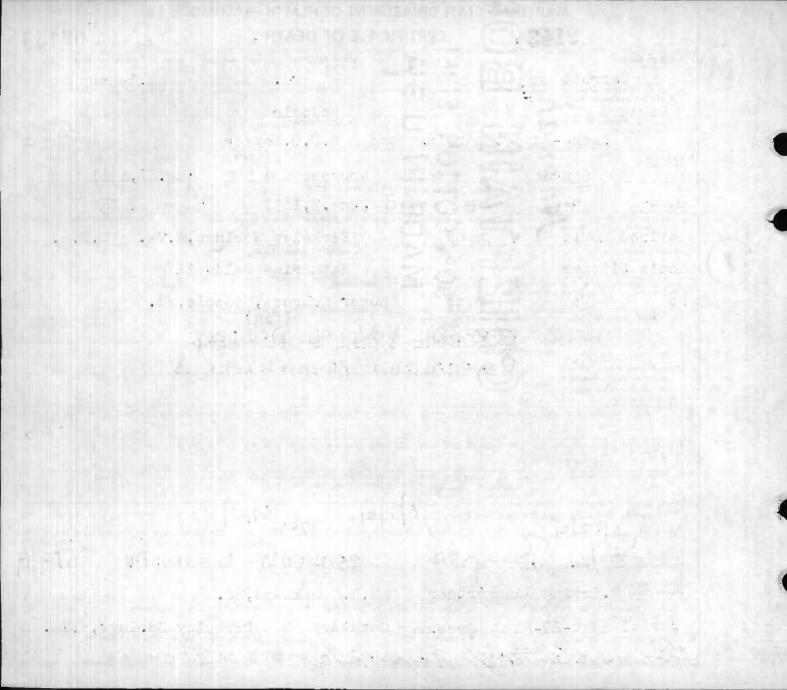
YES NO T

Yeor

19

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY

Manths



12 haurs after death.

after deoth. Page 4

within 24

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbom-papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event within 1/2 haurs after death. PHYSICIAN: The law requires that the death certificate be exe tal ar attending physician.

moy be remained by the ho TO HOSPI VR A1S (4) 1SM 9/S9

41/4	CERTITION	IL OI BLAIII	00103
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased live a STATE Maryland	d. If institution: Residence before admission) b. COUNTEARRET
Garrett		_	
 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 			imits, write RURAL and give nearest town)
Oakland	7 Days	Kitzmiller	
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	t address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Hospital	Willow Street	YES NO
B. NAME OF First DECEASED	Middle	Lost 4. DATE	Month Day Yeor
(Type or print) Ida	Catherine	Amtower DEATH	August 29 161
		B. DATE OF BIRTH 9. A	GE (In years IF UNDER I YEAR IF UNDER 24 HE
	VED DIVORCED	July 17,1879 8	3 yrs. Months Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10th	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTR
during most of working life, even if retired) Housewife	wn Home	Greenland, W. V	a. U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George L. Lemon		Amanda Cassiday	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT	AddressKitzmiller, 1
(Yes, no, or unknown) (If yes, give war or dotes of service)	none Da	aughter" Mrs. Arvi	
18. CAUSE OF DEATH [Enter only one cause per	ling for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	Stanuation	2	2 2 2
DUE TO			
Car (10)	220	of Liver	ē /
Conditions, if ony, which gove rise to immediate (b)	101-610661	2 2	6 2-63
couse (o), stoting the under-	matro		SHEET YES THE DESCRIPTION OF THE PERSON OF T
(c)			NDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
			PERFORMED?
			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II o	item ib.j
		ACE OF INJURY (Home, form, 20f. (City or to	own) (County) (Sto
Hour o. m.	e Not while fa	ctory, street, office bldg., etc.)	
		8-22 106/ 10 8	- 29 1966, that (I) (we) la
21. I certify that (I) (this hospital) atter			
saw the deceased alive on 8-29-	19_6] and that a	death occurred at LU:// Frank the	sauses and on the date stated abov
220 SIGNATURE	× (/	ATTENDING 3 MED C	AFF _ 22b. DATE
Journ H. Jen	to. 12-00	M.D. PHYS. DIRECTOR P	irs. □ 8/30/61
22É. PHYSICIAN'S NAME (Type)		22d. ADDRESS	
	ter Jr. M. I	O., Oakland, Mar	vland
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY 23d. LOCATION	(City, town, or county) (State)
BUP149 9/2/1961	Hartmansvil	le Cemetery Rt.50-	
MANUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S SIGNATURE
Lange The Odge of the pho	Blaine, W.	Va DATE SEP 5 '61	anthun & Kroug
VINUI COME LICENSE	7 11	D. 116	A. / WALL

ENTRE DESCRIPTION OF THE PROPERTY OF THE PROPE Made Calcustra with but the second to be the second to THE STATE OF THE PARTY OF THE P the state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

9144 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare dacaasad livad, If institution: Rasidance before admission)
	Garrett	West Virginia Grant
_	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	writa RURAL and giva nearest town) Oakland. 13 Hrs.	6000
1 A	Oakland, 13 Hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 1 0. IS RESIDENCE
0		ON A FARM?
	Garrett County Memorial Hospital	YES NO
	3. NAME OF First Middla DECEASED	Lost 4. DATE Month Day Year OF
	(Typa or print) Henry Robert Be	nnett DEATH August 12. 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED J	June 3, 1923 Sast birthday) Months Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	2Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Chain Saw operator in woods	West Virginia U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	McClellan Bennett	Martha Waybright
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	
	(Yes, no, or unkown) (Ifyasgivawarordatasofservice) 234-32-9523 Mrs	. Henry Bennett Bayard. W. Va.
	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	Henry Bennett Bayard, W. Va.
		ONSET AND DEATH
	IMMEDIATE CAUSE (a) CEREBRAL HEM	ORRHAGE, MASSIVE; LEFT 10-12 hrs
	DUE TO	
		IDDLE CEREBRAL ARTERY; LEFT "
	gave rise to immediate cause (a), stating the underlying DUE TO	
9	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
	YE WATER TO THE PARTY OF THE PA	PERFORMED? YES X NO T
9	20b. DESCRIBE HOW INJURY OCCURED. (E	Entar natura of injury in Part I or Part II of item 18.)
L	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (State)
	Hour e.m. While Not While tack	1
	21. I certify that I took charge of the remains described above, he	old an Autopsy XI, Inspection XI, Inquiry XI, and in my opinion
	death resulted from: Natural causes XI, Accident II, Suici	
		CHIEF MEDICAL EXAMINER
	ACTUAL &	
	SIGNATURE	ASSISTANT MEDICAL EXAMINER DATE SIGNED
2	EXAMINER'S TANGED IN THE ACTION TO ME	DEPUTY MEDICAL EXAMINER X AUGUST 12, 1961
~	NAME (Type) JAMES H. FEASTER, JR. M. I 228. BURIAL CREMATION, J 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
	_REMOVAL (Specify)	
	Burial 8/15/1961 Accident Cem	
	23 FUNTERAL DIRECTOR OPERS Land, M	Id . 248. AUG BY BEGISTRAR 246. REGISTRAR'S SIGNATURE
	Mit sightlan Oakland, M	Id. DATE arthur S. Krays
1		

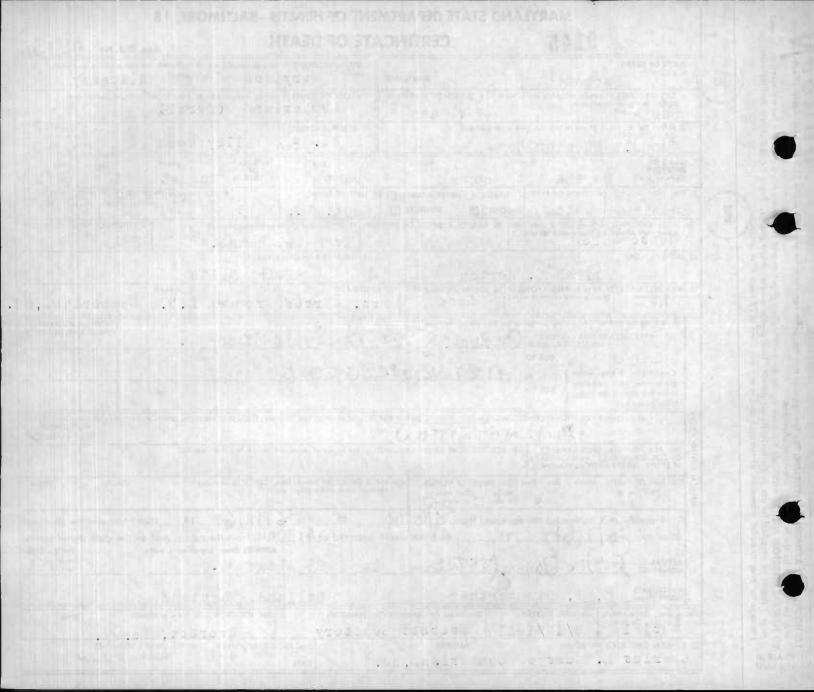
ACTION OF A STATE OF A STATE OF THE STATE OF THE STATE OF A STATE 12 ave. 14 192 42. Manifest Basic everator its woods a land Viscinia mineral will be the SUCESCO SECTION THEN EARNED SECTION OF SECTION OF audel and the land and the bear and the land the land Certina, Fd. 18818 81 Cuta FR. . Die fonicial des

A LIENDIN SHISICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4		ECTOR: After this certificate has been signed by the attending physician and completely filled in 57 the funeral director,	se detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with	
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AN	endin	ficate	the bi	or re
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	d by the ho	fter th	d for	or to harriol cremation or removed and in one event within 72 hours offer death
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۵	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.	age 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with	ne registrar priar ta burial, cremation, or remaval, and in any event within 72 haurs after death
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		9145 CERTIFIC	ATE OF DEATH Reg. Dist. No. 1191	36
M	1.	PLACE OF DEATH o. COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany	/
0		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland 4 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland (Rural)	-
21/		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cuppett Nursing Home	d. STREET ADDRESS Rt. # 3 Valley Road e. 15 RESIDEN	SW3
		NAME OF First Middle DECEASED (Type or print) Bertha Agnus	Brant 4. DATE Month Day Year DEATH August 10 196	
1]	Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED White WIDOWED DIVORCED	B. DATE OF BIRTH Sept. 10, 1873 9. AGE (In years last birthdoy) 87 yrs. FUNDER 1 YEAR FUNDER 2/1	
		. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	Everett, Penna. USA	UNTRY
		Alfred C. Horton	14. MOTHER'S MAIDEN NAME Elvira Keith	
	15. (Ye	no experience to the second se	Mrs. Warren Growden R.D.3 Cumberlan	d, M
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	DIN SYNDROWE INTERVAL BETWEE ONSET AND DEA	EN ATH
		gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)	CLEROLK	
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME YES \(\) NO	D?
	L CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while of work at work at work 19 of work 19 Not while of work 19 Not work 19	PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (octory, street, office bldg., etc.)	Stote)
1		21. I certify that I attended the deceased fram Sold (a) alive an 19 , and that deal ACTUAL SIGNATURE	th accurred at \$\\\\ \cdot \cd	
		PHYSICIAN'S E. I. Baumgartner	Oakland, Maryland	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY		
		FUNERAL DIRECTOR'S SIGNATURE ### ADDRESS ADDRESS	Zemetery Everett Penna 240. REC'D RY REGISTRAR 24b. REGISTRAR'S SIGNATURE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT. 1. PLACE OF DEATH is near director. Parvour files. a. COUNTY Garrett Pennaylvania MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Deer Park Rural Days d. NAME OF HOSPING PRINSTON IN MINISTER ADDRESS (piva streat address) d. STREET ADDRESS Boar refained he State B death. Harvey's Peninsula NAME OF Middle DECEASED the William (Typa or print) Herbert Culler Page 5 may be s 1 and 2 with the n 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH White Male WIDOWED DIVORCED Tune 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY I done during most of working life, even if retired) executed within 24 hours li in Item 18. Give Pages 1, ong with form PM3. Page nnsit permit. File pages 1 and in any event within 72 dd in any event within 72 Pennsylvania Self Employed Funeral Director 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carl Culler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. THORPENE (Yas, no, or unkown) | (Ifyesgivewarordatesofservice) e should be executed wing" in pencil in Item 18 ar's Office along with 18 a burial-transit permiremoval, and in any or Culler 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) DUE TO certificate should rd "pending" in pe Conditions, if any, which (b) gave rise to immediate cause ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremether, or ref as 7 DUF TO (a), stating the underlying causa last. CERTIFICATION Previous coronary occlusion 10 years ago 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 Month, Day, Year Not While factory, street, office bldg., atc.) While Hour am at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Natural causes 2 Accident Suicide Homicide death resulted from: SIGNATURE DEPUTY AUNIO TENEMATION, 22c. NAME OF CEMETERY OR CREMATORY 0 240 g Burial FUNERAL DIRECTOR ADDRESS VS. A15ME

9147 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) West Moreland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) West Newton e. IS RESIDENCE ON A FARM? 211 - 5th Street YES NO K 4. DATE Month Year DEATH August 19 61 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR | last birthday) Months 50 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Katheryn Chisnell West Wewton. 211 - 5th St. INTERVAL BETWEEN ONSET AND DEATH Sudden PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO IN 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Pert I or Part II of item 18.) 20f. (Cily or lown) (County) (State) Inquiry X Inspection A and in my opinion Undetermined manner CHIEF MEDICAL EXAMINER W. OM D ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER MAME (Type) James H. Feaster, Jr., M. D? Address (Street, city, town, or county) Oakland, 22d. LOCATION (City, town, or country) West Newton Cemetery | West Newton, Penna. 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Oakland, Md. arthur S. Krons DANIE 7 5M 9/60

DENVISOR A Cavion ot letter at onother to The man water water at . I want my tal , my 5/1961 | near her you derotesy leaf leafour, limin. Links of Carling Comments

FOR STATE HEALTH DEPT.

TO DEPUTX MEDICAL CXAMINER: This certificate should be executed within 24 hours of death. If any day is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of health, or its designaled agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9145 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH			CE (Where deceased lived, If institutio	n: Residence before admission)
	GARRETT	MARYLAND	a. STATE MA	RYLAND b. COUNTY	GARRETT
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outsida corporata limits, write RURAL	and give nearest town)
	OAKLAND	21 HOURS	RURAI	- MT. LAKE PAR	R.K
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, giva straet address)	d. STREET ADDRESS		. IS RESIDENCE
	CARRETT COUNTY MEMORIA				YES NO
1,	DECEASED	Middla	Last	4. DATE Month	Day Yaar
	(Type or print) EDNA	VIOLET	CULLERS	DEATH AUGUST	25 19 61
) 5	. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UND!	ER 1 YEAR IF UNDER 24 HRS.
_	F W WIDOWE	D DIVORCED	OCT.12.191	0 50 yrs.	Days Hours Min.
	Da. USUAL OCCUPATION (Giva kind of work lona during most of working lifa, avan if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
_	HOUSEWIFE Own	Home	WEST	WIRGINIA	U.S.A.
13	B. FATHER'S NAME WILBUR J.	DAVIS	14. MOTHER'S MAIDEN	NAME	
	Melyan Corman	多型去水岩及多	EDN	IA PEARL MC I	OONALD
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	ROUTE # 1 MD
1,	no	ш	SBAND - GC	RMAN CULLERS -	MT LAKE PARK
	18. CAUSE OF DEATH [Enter only one cause par I	ina for (a), (b), and (c).]	DDMIND - CC	ALMAN COLLERS -	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cere	hallon hamos	amboga, ri	ght.	ONSET AND DEATH
	331 × DUE TO	DETTAL MEMOI	Thage 1	5	4 hrs.
	gava risa to immadiata cause				
	(a), stating the underlying DUE TO				
1,	PART H. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMIN	NAL DISTASS CONDITION COUNTY AND	
P	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN P	PERFORMED?
12					YES NO
CERTIFICATION		IBE HOW INJURY OCCURED. (E	ntar nature of injury in Par	t I or Part II of itam 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. Hour a.m. While	Not Whila factor	CE OF INJURY (Home, ferrory, street, office bldg., atc		county) (Stata)
×		k at work	td Aut		
	21. I certify that I took charge of the rem			Inspection x, Inquiry x,	and in my opinion
	death resulted from: Natural causes	Accident , Suici		Undetermined manner	
	Some N To.	70. 16	CHIEF MEDICAL	EXAMINER	
T	ACTUAL SIGNATURE		M.D.	ICAL EXAMINER	DATE SIGNED
	EXAMINER'S	V	DEPUTY MEDICA	L EXAMINER TO Oak Me	d.8- 25,61
	NAME (Yypa) James H. Feas	ter Ir M	D Address (Streat,	city, town, or county)	
22	DEMOVAL (Spacify)			22d. LOCATION (City, town, or coun	
	Bright 8/58/1901	Mayesville C		Grant County, V	
2	3. FUNPRAL DIRECTOR	ADDRESS		UG 2 8 61 Carthur	S. Thous
1	In Jeigmon	Oakland,	IVICI. • DATE	Cherny	s. Malla
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June 15 to the state of the sta Joseph James . Towns. Taring thurs the start of the s Section of the sectio

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
9148 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE	3148 MEDICAL EXAMINER	S CERTIFICATE OF DEATH
B si all DEPT.	1. PLACE OF DEATH •. COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. STATE Md. b. COUNTY Garrett
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b	X
For Boar	RT. 38 nr. Kitzmiller Min. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	Kitzmi ler d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ine	3. NAME OF First Middle	Church YES NO X
the for the far the Si	(Type or print) Robert Tommy	Davis, Jr. DEATH Aug. 14 1961
afte afte	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
and and 2 w	Male White WIDOWED DIVORCED	Dec. 5, 1925 35 yrs. 35 yrs.
s 1, 2, 2, age 5 1 and 72 h	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
00 00	County roads County	Kitzmiller, Md. U.S.A.
8. Give Pag form PM3. it. File page event withi	Robert Tommy Davis, Sr. S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Bertha Simons INFORMANT Address
tem 18. with for with for permit.	(Yes, no, or unkown) (Ifyesgive werordetes of service)	Marie J. Davis Kitzmiller, Md.
	Yes 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
il in long ansit und in	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) SKULL FRACTUR	RE; CRUSHED CHEST ONSET AND DEATH 5 Min.
fice a fice a rial-tr	Conditions, if eny, which) DUE TO AUTOMOBILE	CCTDENT
omo Of or	geve rise to immediate cause	TOO IDENI
ding ding as a	(a), steting the underlying DUE TO	
pen pen ised ised on, o	z cause lest. , (c)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
L Ex De unation	О	PERFORMED? YES TO NO F
e wo edica ould cren	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IS 20s. EXTERNAL CAUSE WAS PRIMARY TO CONTRIBUTING COURSED. 20th DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in Pert I or Pert II of item 18.)
s sharing the		CRASHED INTO HILLSIDE
Chie	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. P. Hour While Not While Not While 10250 p.m. August 1416 work 2 Rt.	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
Part of the control o	10:50 p.m. August 14:16 work et work X Rt.	
OR Dried	21. I certify that I took charge of the remains described above, I	held an Autopsy , Inspection , Inquiry , and in my opinion
ent, ent,	death resulted from: Natural causes . Accident . Su	icide, Homicide, Undetermined manner
the ce birward DIRE		CHIEF MEDICAL EXAMINER
at of the	SIGNATURE & CH. Jenter	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
DEFOLT IN CASE OF SHOULD BE FOUNDERAL. Tits designate	EXAMINERS JAMES H. FEASTER, JR. M	DEPUTY MEDICAL EXAMINER XAUGUST 14, 1961 D. Address (Street, city, town, or county) Oakland, Md.
shour its	22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
5 4 5 p	Burial 8-17-61 Nethken Hi	
VS. AISME	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60	Tobert Kyll O rills As Bityon	they my DATAUG 21 "61 1 order & Krons
	. //	

10:66 Address Calle Division West William, Caprath, Mar. COOL . Af samuals JANAS H. PHAREES, NO. 1.0. · La La Ela Cara 3 hot hill Rate In Standard and make the

1. PLACE OF DEAT

TO HOSPIT

VR A1S (4) 15M 9/59

to buriol, cremation, or remaval,

MADVIAND STATE DEPARTMENT OF LICALTIL

	STATISTICAL RESEARCH A	ND RECORDS — BALTIMORE 1, MARYLAND TE OF DEATH	0914
Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen o. STATE Maryland b. COUNTY GE	ce befare admission) arrett
(N (If autside carporate limits, write velnearest tawn)	10 Days	c. CITY Of TOWN (If autside carporate limits, write RURAL and a	give nearest tawn)
OSPITAL (If nat in haspital, give street ON	address)	d. STREET ADDRESS	e. IS RESIDENO

1	L CITY OR TOWAL	E autile apparent limit	to main	c. LENGTH OF STAY	15.1.16	. CITY of TOUR	N. 116 N. 1	. 11 14 -14 D	LIDAL d -t		1
	RURAL and give n	If autside carposate limiteagest tawn)	is, write			c. CITY OF TOW		orate limits, write R	UKAL ana gi	ve nearest ta	wnj
	1/ak	lain-		10 Days			Crell	Lin			
1	d. NAME OF HOSPI	AL (If nat in haspital, g	ive street	address)		d. STREET ADDR	ESS				ESIDENCE
O	OR INSTITUTION	rrett Cou	ntr	Memorial	HO	spital)	Main S	Street			A FARM?
					110[phroar		201660		163	<u> </u>
	3. NAME OF DECEASED	Fire	st	Middle		Last	4. DATE	Mar	ith	Day	Year
	(Type ar print)	Johr	1	Th	emas	BeWitt	DEATH	Aug	ust	21	1961
	S. SEX	6. COLOR OR RACE	7. MARE	ED NEVER MARRIE	ЕР ПВ	DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS.
	Male	White	WIDOWI			May 16.	1877	last birthday)	Months [Days Haur	rs Min.
				42			TO /		12 CITIZ	EN OF WHA	TCOUNTRY
	10a. USUAL OCCUPATION during most of wor	king life, even if retired	dane IUD.	KIND OF BUSINESS O	K INDUS	KT II. BIKIMPLACE	(State at tareign o	country)	12. CITIZ		
	Retire	ed				Sang	Run Md			U.S.	A.
	13. FATHER'S NAME					14. MOTHER'S MAI	IDEN NAME				
	George	DeWitt				Sande	ers, Ma	rv			
	15. WAS DECEASED EVE	2.01.200	CES2 16.	SOCIAL SECURITY NO	. 17. IN	ORMANT	010, 110	Add	ress		
- 1		(If yes, give war or dates of se									
	1B. CAUSE OF DEA	ATH [Enter anly one ca	use per li	ne far (a), (b), and (c).	1	1 1-		1		ONSET AN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	. 110	ellua	d	40 Tr	-0/1	175		16	6 7)
	40	DUE TO	1 11 5				1			1	1
		3 /	MI	11/10-20	1 -	elu	10			16	1
	Canditions, if a	, (D	100	10000 -	/					1.6	(1)
	cause (a), stating		(1)		da					123 7	
	lying cause last.) (c	11/1	10000000	LLC					100	((4))
	Z PART II. OTI	HER SIGNIFICANT CON	DITIONS (ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY
	PART II. OTI		-0							YES I	FORMED?
	D LOCIDEUT		001 DEC	CDIDE HOLL BUILDY O	CCLUBBER	45		at II of Steen IR I		163	1 140 5
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCORRED	. (Enter nature at inju	ury in Part I at Pa	iri ii di iiem ib.)			
77		MEDICAL EXAMINER)									
	\$ 20c. TIME OF INJUI	RY Manth, Day, Yea	or 20d. II	NJURY OCCURRED		CE OF INJURY (Ham		ty ar tawn)	(Co	aunty)	(State)
	Haur a.m.	19	While at war	Nat while	fact	ary, street, affice bld	lg., etc.)				
			_					HOHEM OT	43		
	21. I certify the	at (I) (this haspital) attend	led the deceased	fram	MARCH 11,		UGUST 21	1901		(we) last
	saw the decea	sed alive an AUG	UST ?	21, 1961, and	that de	eath accurred a	9 . 3 M, fram	the causes ar	nd on the	date state	ed abave
	22a. SIGNATURE	00	//				A				22b, DATE

22d. ADDRESS 22c. PHYSICIAN'S

NAME (Type) A.E. Mance

Oakland, Md.

23d. LOCATION (City, tawn, ar caunty) 23c. NAME OF CEMETERY OR CREMATORY (State) Hoyes Cemetery Hoyes, Maryland. ADDRESS

24. FUNERAL DIRECTOR'S SIGNATURE Ellessen

23o. BURIAL, CREMATION. 23b. DATE THEREOF Burial 8/24/61

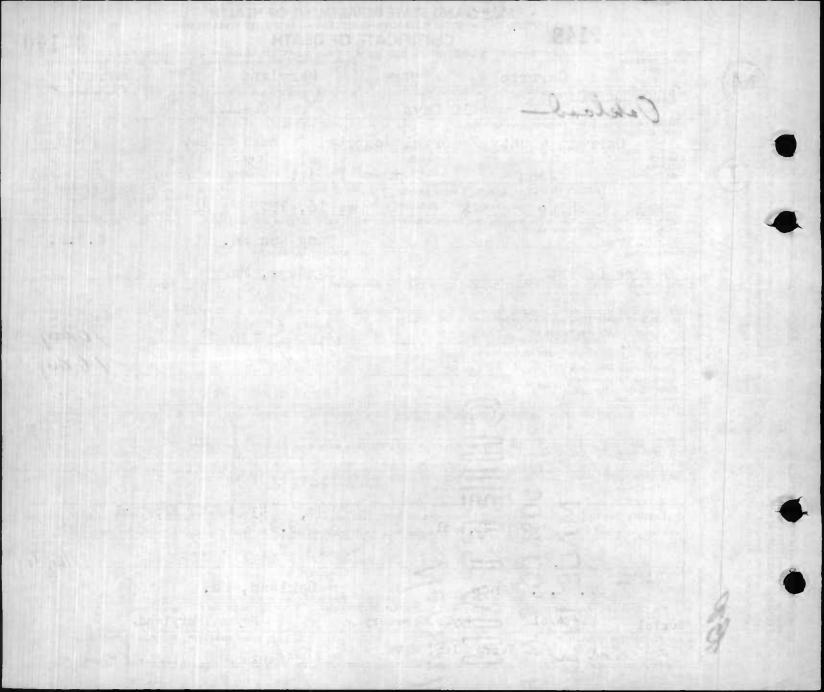
Terra Alta, W. Va.

25a. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

DATE AUG 2 8 '61

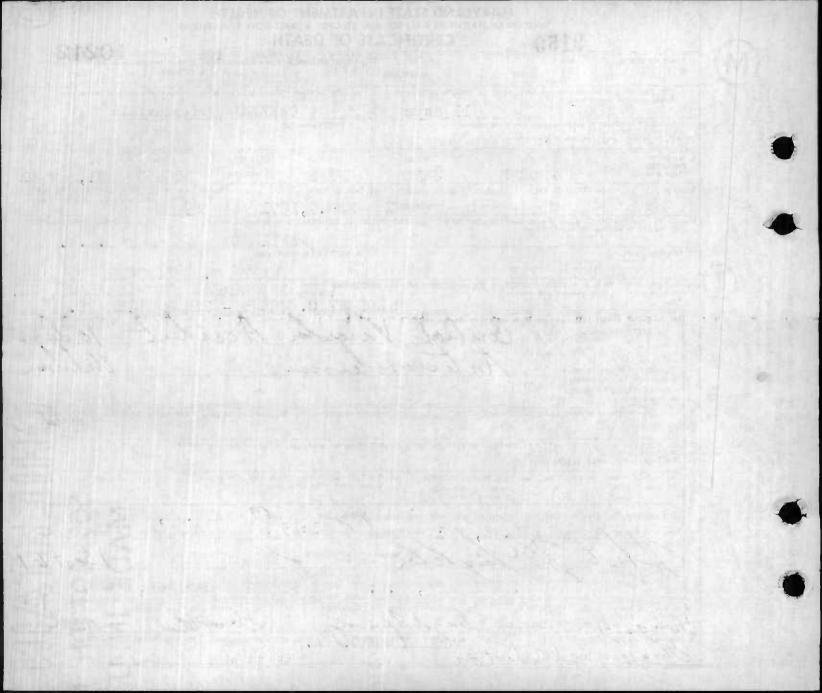
arthur & Krave



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9150	7.	CERTIFIC	CATE OF DEATH	0-160		100	10
1. PLACE OF DEATH		item	c & c)a, F	2. USUAL RESIDENCE	here deceased liv	ed. If institution	n: Residence befare	admission)
a. COUNTY	GARRIT	T	MARYLAN	O STATE	RYLAND	b. COUNTY	GARLE	TT
b. CITY OR TOWN (If au		s, write	LENGTH OF STAY IN	16 c. CITY OR TOWN (IF	autside carparate	limits, write RU	RAL and give neare	est tawn)
RURAL and give neare	AND		11 days	X ON	WV.KMIN I	riends	ville	
d. NAME OF HOSPITAL	(If nat in haspital, g	ive street ac		d. STREET ADDRESS	The state of the s			IS RESIDENCE
GARRETT CO	HINTY MEN	ORAT	T. HOSPTTAI					ON A FARM?
3. NAME OF	Fir	st	Middle	Last	4. DATE	Manth	n Day	Year
(Type or print)	PHOT		JANE	FTKE	OF DEATH	AUGU		. 19 6
			D NEVER MARRIED	or are a money	9. /	GE (In years	IF UNDER 1 YEAR	
T	T-7	WIDOWED			77		Manths Days	Haurs Min.
0a. USUAL OCCUPATION	(Give kind of work of	lane 10b. Ki		A A A A A A A A A A A A A A A A A A A	e ar fareign count	9	12. CITIZEN OF V	WHAT COUNTR
during mast af warking	life, even if retired			ירו איז ו	CT A DIT		17 0	ß
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		0.5	-6-
0.17	TITE TOTAL	- 77		14. MOTTER O MAIDER	EATHE DE	, ng . ng . ng	****	
IE WAS DECEASED EVER IN	UNIL PARAED FOR	CECO IN CO	SCIAL SECURITY NO. TO	17. INFORMANT/ NITTO C TI	ARY	S. Addre	BUCER	
(Yes, no. or unknown) (If yes	es, give war or dates of s		OCIAL SECURITY NO.	NURSI	NG HOME	Addre	S OALL	AND, M
				HOBERT O. WI	CEKS -	7th &	ALDER S	T.
gave rise to imm cause (a), stating the lying cause last. PART II. OTHER	under- DUE TO) DITIONS <u>CC</u>	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL DISEASE CO	DINDITION GIVE		PERFORMED?
200. ACCIDENT WAS L OR CONTRIBUTING (IF EITHER, NOTIFY ME	JNDERLYING () CAUSE OF DEATH DICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in	Part I ar Part II o	of item 18.)		YES NO
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye		HDV OCCUPATO 20	e. PLACE OF INJURY (Hame, far	Took tot	town	(Caunty)	
	19	While at wark	Nat while	factory, street, affice bldg., e	m, i 20f. (City ar tc.)	idwiij	(Caumy)	(Stat
21. I certify that (,,	at wark	Nat while at wark d the deceased from	factory, street, affice bldg., e	957. ta A	UG.31,	_, 19_6_1, tha	t (I) (we) la
saw the deceased	1) (this haspital) attende	Nat while at wark d the deceased from	factory, street, affice bldg., e	957. ta A	UG.31,	LA LI	t (I) (we) la
saw the deceased	1) (this haspital) attende	Nat while at wark d the deceased from	at death accurred at 5	M, fram the	UG.31,	_, 19_6_1, tha	t (I) (we) la
saw the deceased	1) (this haspital) attende	Nat while at wark d the deceased from	at death accurred at 5	M, fram the	uc.31,	_, 19_6_1, tha	t (I) (we) la
saw the deceased 22a, SIGNATURE 22c. PHYSICIAN'S NAME (Type) 33. BURIAL, CREMATION, REMOVAL (Specify)	l) (this haspital alive an AL	at wark) attende	Nat while at wark d the deceased from	om	P. fram the RECT	uc.31,	1961 that an the date s	t (I) (we) la
saw the deceased 22g, signature 22t. Physician's NAME (Type) 111	I) (this haspital alive an AL ERBERT A.	at wark) attende	Not while of work of the deceased from 1961, and the	at death accurred at 5 M.D. ATTENDING PHYS. 22d. ADDRESS OAK STI	P. fram the RECT	causes and STAFF. OAKLAN (City, tawn, as	1961 that an the date s	t (I) (we) la stated abavi

TO HOSPI VR A1S (4) 1SM 9/S9



4	Į.	
ı	ı	
ı	1	

Poges 1 and 2 should be filed with fter death. Page 4 within 24 ha may be returned by the host of continuous physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and copage 3 should be detached for use as the burial-transit permit. Then please remave carbon goot the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. AYSICIAN: The law requires that the death certificate be exec

-		1
A	Λ	1
1 4	R	1
	_	

TO HOSPIT

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 9151 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH** Reg. Dist. No. 113141

	PLACE OF DEATH o. COUNTY Ga.	rrett			MARYLAND	II O STATE	DENCE (What aryla		l lived. If instituti b. COUNTY				on)
	b. CITY OR TOWN (III RUBAL and give ne Deer P	outside carporate limi arest town) ark	ts, write	c. LENGTH OF	F STAY IN 1b		eer P		rate limits, write R	URAL ond g	jive near	est town	
	d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospita), g	ive street	address)		d. STREET A	DDRESS				e	ON A	DENCE FARM? NO X
	NAME OF DECEASED (Type or print)	uber		Earl	Middle H	linebau		4. DATE OF DEATH	Augu		Doy		eor 9 61
	sex Male	6. COLOR OR RACE White	7. MARR		MARRIED	B. DATE OF BIRT			9. AGE (In years lost birthday) yrs.	IF UNDER Months	Doys Doys	Hours	R 24 HRS. Min.
100	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roads Dept Deer Park, Maryland 12. CITIZEN OF WHAT COUNTRY? USA												
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Sebasti	n Hinebau	igh			Emi	Ly Ha	rvey					
15. Ye	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECUR	TY NO. 17.	NFORMANT			Add	ress			
	no			20-16-	5436 M	linnie l	Hineb	augh	Deer	Park,	, Ma	ryl	and
	Conditions, if or gove rise to ir couse (a), stating lying cause lost.	mediate (wi	Aden to me	laslas	in ome	e of	ives	ACTROX COS	ue.	(er wh	
CERTIFICATION		ER SIGNIFICANT CON								'EN IN PART		PERFOR	NO N
	OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	TRIBE HOW IN		D. (Enter nature o							
MEDICAL	20c. TIME OF INJURY Haur o. m. p. m.	Month, Day, Yes	White of worl	NJURY OCCURR Not while t of work	o fo	ACE OF INJURY I ctory, street, office	e bldg., etc.)				County)		(Stale)
	actual SIGNATURE	38 July	196	1.,., and	that death	occurred at	10 A	M, fram	9, 19 GL the causes of reet, city or town,	and on th	ast save date	state	deceased d abave TE SIGNE
	PHYSICIAN'S B					_Oak]	and,	Mary	rland				
220	BURIAL CREMATION REMOVAL (Specify) Burial	8/4/61	F			emeter			Park,		Land	(Stote	•)
23.	Gerald C	SIGNATURE Minn	ich	ADDRESS		ryland	240. REC'D	BY REGISTE	RAR 24b. REGIS		NATURE		

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2 3	E.	0.3	2		

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		U .L U AU -	- 0	F: 1 - 0202	170/62				1:0	1 4 10
	1. PLACE OF DEATH	700	=-	TITE GEAC	2. USUAL RESIDENCE (WI	here deceased 1	ived. If institution	: Residence	before admi	ssion)
۹	COUNTY	rrett		MARYLAND	o. STATE Mary	vland	b. COUNTY	Alle	ganv	
Y	b. CITY OR TOWN (I	f outside carporale limi	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporat	te limits, write RU			vn)
	RURAL and give ne	akland		l Year	Fros	stburg	C	112	2 -	2
	d. NAME OF HOSPIT	AL (If not in hospital, g	ive street		d. STREET ADDRESS				e. IS RE	SIDENCE
A	Oak Rest	Nursing	Hom	e	261	E. Ma	in St.			A FARM?
U	3. NAME OF	Fire	st	Middle	Lost	4. DATE	Month	,	Day	Yeor
	(Type or print)	Arthu		Joseph	Irwin	OF DEATH	Augus	t	2	1961
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9		IF UNDER 1 Y		1
	Male	White	WIDOWE	DIVORCED	Aug. 3rd.1	877 8	lost birthdoy)	Months Do	ays Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHPLACE (State			12. CITIZE	N OF WHAT	COUNTRY
	Ret. Marb	ing life, even if retired		Monument	Pennsy	Ivania			USA	4
	13. FATHER'S NAME	TO DOGITOI	1	110110110	14. MOTHER'S MAIDEN					•
		Jnknown			Unkn	own				
-)	15. WAS DECEASEDEVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT	- (1	Addre	55		
1	[Yes, no, or unknown)	If yes, give war or dates of s	Hrvice)	None	Arthur Irwin	-261 F	Main S	St. F	bg.	Md.
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne for (a), (b), and (c).]	TA WALLEY AND WALLEY			1	INTERVAL B	BETWEEN
	PART I. DEA	TH WAS CAUSED BY:		Uremia					ONSET AN	
	450	DUE TO)	Oz Omza					10	_uay
	Conditions, if a	- 0		Antenios	clerosis				v	ears
	gave rise to i	mmediate ()	MI OGI IOS	CTGLOSTS					eal 5
	lying cause last.	the under-						6 5 1 1 1		
				CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1	(a) 19. WAS	AUTOPSY
	PART II. OTH								_	ORMED?
	20a. ACCIDENT WA	S UNDERLYING	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port I	I of item 1B.)	-		
	OR CONTRIBUTING	CAUSE OF DEATH								
	ZOc. TIME OF INJUR	Y Month, Day, Yes	or 20d. It		PLACE OF INJURY (Home, form		r town)	(Cor	unty)	(State
	20c. TIME OF INJUR Haur a. m. p. m.	19	While of wor	IAOL MULIG	foctory, street, office bldg., etc	c.)				
		A (I) (Abi- bia-l	\ _4\a	led the deceased from	2-5 15	9_ , .ta	8-2	167	th at /1\	toral Ima
		area.	-37		death occurred of:1					
	saw the deceas	ed dive on		17_O_L and that	death occurred ou		ie causes and	on the c		22b. DATE
	Morene	N. 7-	eni	Ter A	M.D. ATTENDING	NED. M.	STAFF PHYS.	N-SIN		SIGNED
	224 PHYSICHAN'S			0	22d. ADDRESS				3-2-6	1
	NAME (Type)	James H.	Fea	aster, Jr.,	M. D. Oak	chand,	Md.			
	230. BURIAL, CREMATIC		F	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, town, or	county)	(St	ate)
	Burial (Specify)	8-5-61		F'bg.Memo	rial Park	Fros	stburg,		I	Md.
	24. FUNERAL DIRECTOR			ADDRESS	250 050	O BY DECISTE	AR 25b. REGIST	TRAR'S SIGN	ATURE	
	1. P. a	Just	-	Frostburg,	Md. DATE	IG / '61	Clat	lun S. A	trans	
	7									

may be retained by the has patal or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

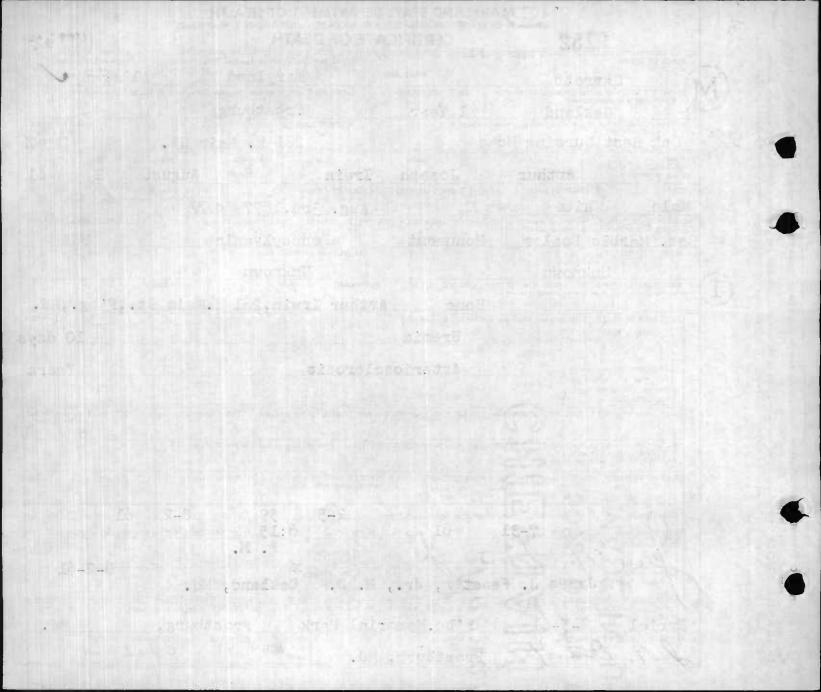
PHYSICIAN: The law requires that the death certificate be exe

ofter death. Page 4

within 24 h

TO HOSPIT VR A15 (4) 15M 9/59

DR ATTEND



ofter death. Page 4

ed within 24

PHYSICIAN: The low requires that the death certificate be ex

MARYLAND STATE DEPARTMENT OF HEALTH

9153

~ 1	O.	SIA ISTICAL RESEARCH AIRS REC		DALLI
		CERTIFICATE C)F,D	EATH

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1.		COU		TH
		-		

PUNERAL DIRECTOR'S SIGNATURE

09143

1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If inst b. COpt	itution: Residence before admission)
b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) OAKLAND,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Oakland,	utside corporate limits, wri	te RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of Cuppet the weeks Nursing	ddress) Home	Alder Street	et Own H	e. IS RESIDENCE ON A FARM? YES NO-E
3. NAME OF First DECEASED (Type ar print) John Edw	ard Johnson	Lost	4. DATE OF DEATH Augu	Month Day Year 1961
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE		B. DATE OF BIRTH July 16, 18	co last birthdo	Page 1 IF UNDER 1 YEAR IF UNDER 24 HRS 1 YEAR
Retired Preacher 100. USUAL OCCUPATION (Give kind of work dane 10b. No. 10			ginia	U.S.A.
Amos Newton Johnson		Mary All	ander	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service) 20	0-03-7728A H	arry T. John	nson Mt.	Address Lake Park, Md.
PART I, DEATH WAS CAUSED BY:	e far (a), (b), and (c).]	MIGOLIC	A	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO DUE TO (b) DUE TO	LACTURE	NEEK TO	CIGHT F	EMUR 21/2 m
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	e		.)
20c. TIME OF INJURY Month, Day, Year 20d. IN House o. m. White of work	_ Nat while _ fo	ACE OF INJURY (Home, farm, chary, street, office bldg., etc.	20f. (City or town)	and Earroll M
21. I certify that (I) (this haspital) attended		9:30	M, fram the causes	22 , 19 61, that (1) (we) last and an the date stated above
226. SIGNATURE ROUM CONTROL OF STATE OF	nor		D. STAFF PHYS.	22b.DATE SIGNE
22c. PHYSICIAN'S NAME (Type) E. I. Baumgar	tner, M. D.	22d. ADDRESS Oaklas	nd, Md.	
230. BURIAL, CREMATION, 23b. DATE THEREOF BURY 19 (1961)	Oakland Ce		Oakland,	Maryland. (Stote)

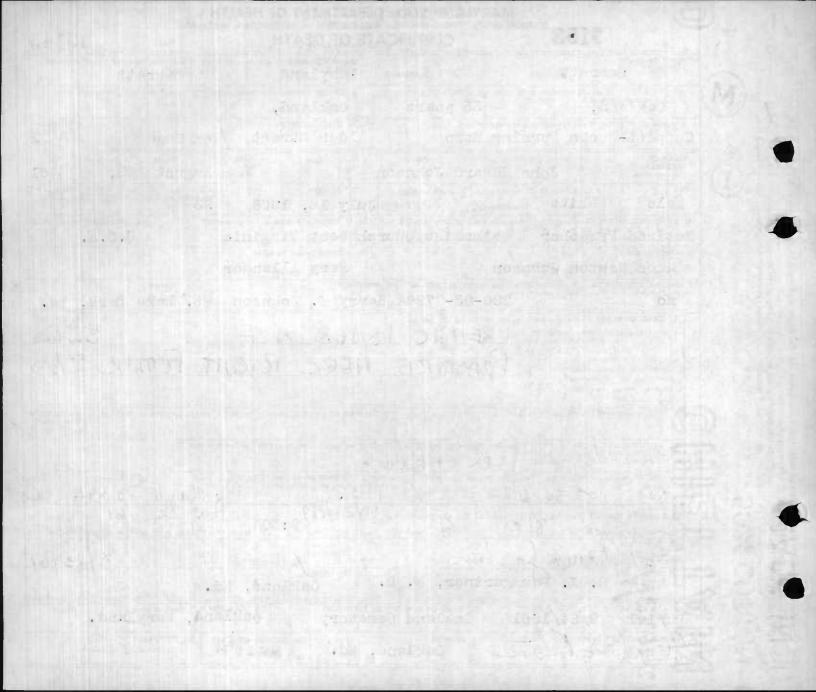
Oakland, Md.

250. REC'D BY REGISTRAR DATE AUG 2 8 '61

25b. REGISTRAR'S SIGNATURE

may be revained by the hoperal or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. TO HOSP VR A15 (4) 1SM 9/59



HEALTH DEPT

please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any viven within 72 hours efter death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1012A

						110/12
1. PLACE OF DEATH •. COUNTY			2. USUAL RESIDENCE (Where			ce before edmission)
Garrett		MARYLAND	Maryland.	b. coun	arrett	
b. CITY OR TOWN (if o write RURAL end gi	utside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	corporete limits, write	RURAL end give	neerest town)
Crellin		1 month	X Rural Deer	Park.		
d. NAME OF HOSPITAL	OR INSTITUTION (if not In hos	pital, give street eddress)	d. STREET ADDRESS	20111		. IS RESIDENCE
ons one gas (mp			5 Mi. South			YES NO TO
3. NAME OF	Rober't'	Middle	Last 4. DAT	E Month	Dey	Year
DECEASED (Type or print)	kichliker	Duke Lie	chliter OF DEA	TH Augus	t 1.	1961
5. SEX 6	. COLOR OR RACE 7. MARRIE	NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers last birthday)		IF UNDER 24 HRS.
Male	White WIDOWE	DIVORCED T	me 5, 1905	56 yrs.	Months Deys	Hours Min.
10a. USUAL OCCUPATION done during most of working	(Give kind of work 10b. Ki	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN O	F WHAT COUNTRY?
Laborer		l Mines	West Virginia	ı	U.S.	A.
13. FATHER'S NAME			14. MOTHER'S, MAIDEN NAME			
	Lichliter		Lucinda Poli	ing		
15. WAS DECEASED EVER	N U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT(Wife)	Address		
no		4-12-6782 St	cella Lichliter	Crell	in, Md.	
PART I. DEATH V	DUE TO which (b)				ON	ERVAL BETWEEN SET AND DEATH SUdden
(a), steting the under	dylng (c)					
PART II. OTHER SI	GNIFICANT CONDITIONS CON		T RELATED TO THE TERMINAL DISEA.			9. WAS AUTOPSY PERFORMED? YES NO
		BE NOW INJOKY OCCURED. (E		or nem ip.)		
20c. TIME OF INJURY Hour a.m. p.m.	Month, Dey, Yeer 2Dd. While 19 et worl	Not While factor	CE OF INJURY (Home, farm, 2Df. (opry, street, office bldg., etc.)	City or town)	(County)	(State)
21. I certify that	I took charge of the rem	ains described above, he	ld an Autopsy, Inspection	n Inquir	y x, and	in my opinion
death resulted from	m: Natural causes 3	Accident Suici	de, Homicide, CHIEF MEDICAL EXAMINER	Undetermined m	anner	
ACTUAL /GL	ww H. Je	To he	ASSISTANT MEDICAL EVAL		D	ATE SIGNED
SIGNATURE		The state of the s	DEPUTY MEDICAL EXAMINE			8-1-61
NAME (Me) Ja	mes H. Feaster,	Jr., M. D.	Address (Street, city, town,	25		0-1-01
220. BURIAL, CREMATION,		22c. NAME OF CEMETERY OR	CREMATORY 22d. LOC	ATION (City, town,	or country)	(Stete)
REMOVAL (Specify) Burial	8/3/1961	I.O.O.F. Cen	netery Elk	Garden.	W. Va.	
23 FUNERAL DIRECTOR	- 01-	ADDRESS	24e. REC'D BY REGI	STRAR 24b. REGI		JRE
The her	extrem	Oakland,	Md. DARUG 7 '6	1 ani	my S. Krous	

talian in the same of the same The same from the same of 53 Bu - 34 B January THO World Trinta central - westerning 3961 . S onul limbar 271-15-6/38 Stalla-lightle - challing SEV4-21-FES wish a state of the complete of the salan, w. Est. t colemna, tel.

may be revained by the horizinal ar attending physician.

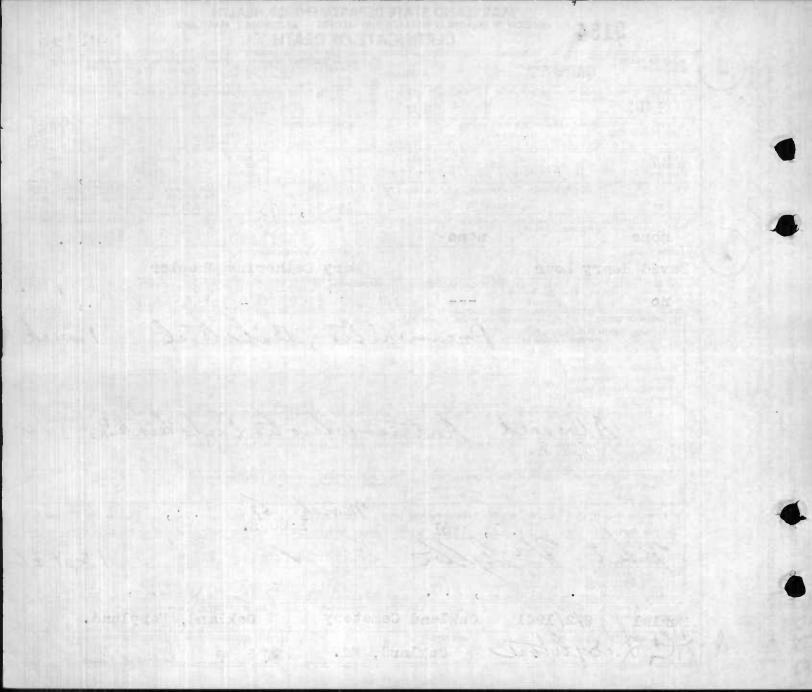
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the State Baard of Health prior to burial, cremation, ar remaval, and in any event, within 29 haurs after death.

PHYSICIAN: The law requires that the death certificate be ex VR A1S (4) 1SM 9/59 9154

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

09146

	1. PLACE OF DEATH a. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE	E (Where deceased IRYLAND		Residence befare admission GARRETT	1)		
/	b. CITY OR TOWN (If outside corporate limits, wri	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carpora	te limits, write RUR	AL and give nearest town)			
	OAKLAND RURAL and give nearest town)	5 days	Y OAKLAND						
177	d. NAME OF HOSPITAL (If nat in haspital, give str		d. STREET ADDRESS e. IS RESIDENCE						
FU	GAR IT COUNTY ITMO	MIAL HOSPITAL	SECOND STREET ON A FARM?						
	3. NAME OF First	Middle	Last	4. DATE	Manth	Day Yes	or		
	(Type or print) JUDSON	HERBERT	LOAR	OF DEATH	AUGU	ST 31, 19	61		
	5. SEX 6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9		Manths Days Haurs	24 HRS. Min,		
	M MID	OWED DIVORCED	MAY 29.1	873	88 yrs.	norms Days Haurs	min.		
	10a. USUAL OCCUPATION (Give kind af work done during most of warking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State ar foreign cau	ntry)	12. CITIZEN OF WHAT CO	UNTRY?		
	none	MA	HYLAND		U.S.A.	100			
	13. FATHER'S NAME	14. MOTHER'S MAID							
/	David Henry Loar		Mary Car	therine	Wheeler				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT (NURS	SING HOM	E A Address	OAKLAND,	MD.		
	no	A	LICE THOM	TPSON- 7	th & AL	DER ST.,			
	18. CAUSE OF DEATH [Enter only one cause po	er line for (o), (b), and (c).]			1-1	INTERVAL BETWONSET AND D	VEEN		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pneuman	elis 1	Bila	leval	Luce	ek		
V	DUE TO		/						
	Canditians, if ony, which) (b)								
	gave rise to immediate couse (a), stoting the under-								
	lying cause last. (c)								
	PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	IN PART (a) 19. WAS AU	TOPSY AED?		
	3 Advanced	Arlen	orders	tie Ca	erdio-Vac	outer YES 1	NO I		
1	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injus	ry in Port I or Port I	II af item 18.)				
0	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
			ACE OF INJURY (Hame, ctary, street, office bldg		or town)	(Caunty)	(State)		
		work at work	-						
	21. I certify that (I) (this hospital) att		March			, 19 <u>6</u> that (1) (we			
	sow the deceased alive on AUG.	19 <u>61</u> , and that a	death occurred at	M, from the	he couses and	on the dote stoted o	bove.		
	220 SIGNATURE	1. //-	ATTENDING	MED.	STAFF	22b. E	DATE		
	guren 14.	eighter	M.D. PHYS.	DIRECTOR	PHYS. 🗆	1 Sept	61		
	226. PHYSICIAN'S NAME (Type)		22d. ADDRESS		O A LET A I	ATA TITET AN	170		
-	HERBERT H. LEIGHT	ON, M.D.	OAK S	TREET	OAKLAI	ND, MARYLAN	П		
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF 9/2/1961	23c. NAME OF CEMETERY CO			ON (City, tawn, ar				
00									
15	22 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REC'D BY REGISTR		RAR'S SIGNATURE			
y	1 July mon	oakland oakland	, IVICE DAT	E 5 '6	art	hur & Kraya			



M

after death. Page 4

d within 24 l

PHYSICIAN: The law requires that the death certificate be ex

9156

7

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11314		Santa .	10	1	4	P.
-------	--	---------	----	---	---	----

										And in case of
o. COUNTY Gari	rett		MARYLAND	II a STATE	ence (who	ere deceased live	b. COUNTY		ore odmissi	ion}
b. CITY OR TOWN (If	f outside corporate limitagest town)	its, write	c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If or	utside corporote l	imits, write RL	JRAL and give ne	arest town	}
Rural Os	ikland,		l year	Gorma		Rural	X			
_OR INSTITUTION	AL (If not in haspital, g Vest Oak le		address)	d. STREET A		Gorma	_			FARM?
3. NAME OF			Middle	lo:		4. DATE				reor
DECEASED (Type or print)	Jam		Aaron	Lill		OF	Moni Augus		,	1961
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BEST	8	9. At	GE (In years st birthdoy)	IF UNDER 1 YEAR	1	
Male	White	WIDOWE	DIVORCED	Feb. 2	\$, 18		89 yrs.	Months Doys	Hours	Min.
during most of wark	ing life, even if retired	1	for Self		yland		')	U.S.A		OUNTRY?
	Liller					Fike				
15. WAS DECEASED EVER		CES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	er Tile	LIKE	Addr	ess		-
	If yes, give war or dates of s			yne W.	Lille	r.R.D.		ania. W	I. Va	2.
gove rise to it couse (o), stoting lying couse lost. PART II. OTH	the under-	:)	ONTRIBUTING TO DEATH BI	UT NOT RELATED TO) THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(a)	PERFO	RMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURI				fitem 1B.)		YES [NO M
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	While at worl	Nat while	PLACE OF INJURY foctory, street, affic			own)	(County)	(Stote)
	ed alive on de		led the deceased from	M.D. ATTENDIN	G ME		Causes an	196/, to d on the date 2.	e stated	
22c. PHYSICIAN'S NAME (Type)			eighton, M.			nd, Ma				
Burial, CREMATIO			Eglon Cem			Prest	on Co	unty, W	I. VE	
24. FUNERAL DIRECTOR	SSIGNATURE		ADDRESS Oakla n	d, Md.	250. RECU	BY REGISTRAR	200,	Thur S. Kin		

TO HOSPI VR A1S (4) 15M 9/59

OR ATTEND

The state of the s THE PARTY OF THE PROPERTY OF THE PARTY OF TH and the property of the second Marie Marie Company of the Company o , Outlier (10 , -00) and outlier (2, 1) and outlier (3, 1) and outlie The state of the s

sly filled in Ey the funeral director, Pages 1 and 2 should be filed with

PHYSICIAN: The faw requires that the death certificate be exected and extending physician. This certificate has been signed by the attending physician and continuous process.

the registrar prior to buriol, crematian, or remayal, and in any event within 72 hours after

ofter death: Page 4

9157

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
CERTIFICATE OF DEATH

Reg. Dist. No. 3147

				Reg. Dist. 1464
1. PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary		ion: Residence before admission) Allegany
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland	5 yrs.		utside corporote limits, write R erland	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Cuppett Nursing Ho		d. street address 403 Mary	land Ave.	6. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) Charlotte	Middle	McNeil	4. DATE Mor	
5. SEX 6. COLOR OR RACE 7. MAR White Widow	ED DIVORCED	8. DATE OF BIRTH Feb. 26, 18'		Months Days Hours Min.
	epartment Sto			USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Charles Edwards 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	Saran Lo	ongridge	
(Yes, no. or unknown) (If yes, give wor or dates of service)	none Mr	s. Elizabeth	h Gaither	Cumberland, Md
PART I. DEATH WAS CAUSE 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	RTERIO-CLE			
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE). (Enter nature of injury in P	ort I or Part II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of wor	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that I attended the decease alive an	and that death	accurred at 2:308	Tram the causes of ADDRESS (Street, city or town,	that I last saw the deceasion on the date stated above the DATE SIGN 8/4/61
220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 8/4/61	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town,	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGI	STRAR'S SIGNATURE

TO HOSPITA R ATTENDING PHYSICIAN: The law requires the may be respected by the hast standard physician.

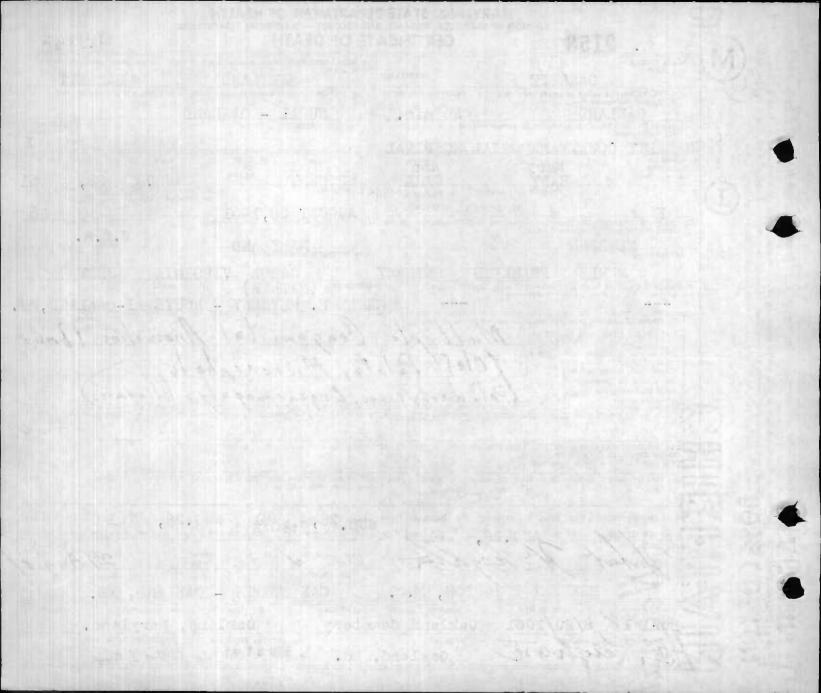
TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit.

VS A15 (4) 15M 10/57 TO HOSPI

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	9158	CERTIFICA	TE OF DEATH	09148
T.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution:	Residence befare admission)
	GARRETT	MARYLAND	MARYLAND b. COUNTY	GARRETT
	b. CITY OR TOWN (If outside corporate limit	ts, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA	AL and give nearest town)
П	RURAL and give neorest tawn) OAKTAND	46 min.	RURAL - OAKLAND	
	d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
10	GARRETT COUNTY MEN	ORTAL HOSPITAL		YES NO 💢
	NAME OF DECEASED Mary	A Middle	Last 4. DATE Manth	Doy Year
П	(Type or print) RARY	GTRT.	METHENY OF ALIGH	IST 28 19 61
S.	SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF	UNDER 1 YEAR IP UNDER 24 HRS.
	r W	WIDOWED DIVORCED		Aonths Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work of during mast of working life, even if retired)	done 10b. KIND OF BUSINESS OR INDU	AUGUST 28 1961 STRY 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	NEWBORN		MARVIAND	U.S.A.
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	MERLE FRA	NKLIN METHENY	CAROL VIRGINIA	ASHBY
	5. WAS DECEASED EVER IN U. S. ARMED FOR (es, no, or unknown) (If yes, give wor or dates of st	CES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT (FATHER) Address	
L		M	ERLE F. METHENY - ROUTE	#1-OAKLAND, MI
	1B. CAUSE OF DEATH [Enter anly one co	use per line for (a), (b) and (c).]	1 . 1 . 1	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Multiple	Congenila/ //hom	2/185 / how
	75 DUE TO	lal cin	1 11	
	Canditions, if any, which	Cleft Fala	to, Microcephaly,	
	gave rise to immediate couse (a), stating the under-	10.1 1. + 1.	Anna a marky Rl.	
1	lying couse lost. (c	groly adoly 115	m, Organomogaly, Bli	naness
CEPTIFICATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED?
A C				YES NO
TOT	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar Part II af item 18.)	
MEDICAL	5 20c. TIME OF INJURY Month, Day, Yes Hour a.m.	or 20d. 1NJURY OCCURRED 20e. PL While Nat while fo	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
7.7	p. m. 19	at work at wark		
	21. I certify that (I) (this haspital) attended the deceased fram	ATTC 28 1261 . to AUG . 28	, 1961, that (1) (we) last
1	21. I certify that (I) (this haspital saw the degease alive an	G 28 19 67 and that	death accurred at 30 M, fram the causes and	an the date stated above.
Т	220. SIGNATURE	1. //	ATTENDING MED STAFF	22b. DATE SIGNED
	sprint H	regner	M.D. PHYS. DIRECTOR PHYS.	2/Mug 6
	229 PHYSICIAN'S NAME (Type)	TETOURON MED	22d. ADDRESS	D 300
	HERBERT	LEIGHTON, M.D.	OAK STREET - OAKLAN	
2	3a. BURIAL, CREMATION, 23b. DATE THEREC			
1		61 Oakland Cer		ryland.
2	4. PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	4000 0 4	AR'S SIGNATURE
L	/ Legitar	Oakland,	Md. DATE	1 S. Hrays
_	2070222 XV5			100



FOR STATE HEALTH DEPT.

TO DEPUZY MEDICAL AAMINER: This certificate should be executed within 24 hours death. If any ay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for four thes.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board and a ris designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9159 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 119140

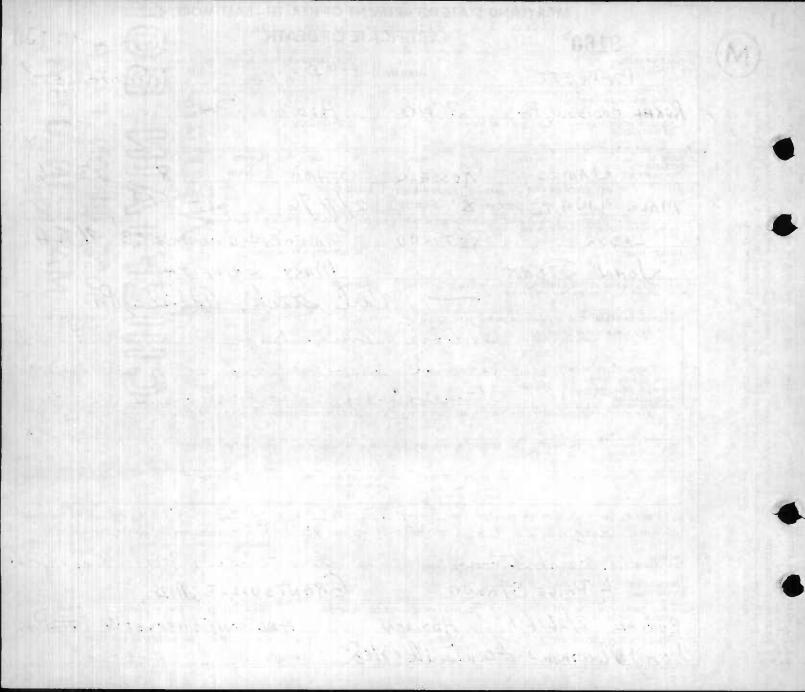
1. PLACE OF DEATH a. COUNTY	2. USUAL RES	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)		
Connott	ACCOUNT NAME			
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	OF STAY IN 16 c. CITY OR TO	Maryland DWN (If outside corporate limits, write RURAL and	Llegany diva nearest town)	
	vs	Frostburg	0/22-2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give str	eet address) d. STREET ADD	DRESS	e. IS RESIDENCE ON A FARM?	
		60 Beall Street	YES NO X	
3. NAME OF First N	liddle Last	4. DATE Month	Day Yeer	
(Typa or print) James	E. Sittig	DEATH August	9th. 19 61	
6. COLOR OR RACE 7. MARRIED X NEVER	MARRIED 8. DATE OF BIRTH	9. AGE (In yeers IF UNDER	YEAR IF UNDER 24 HRS.	
Male White WIDOWED D	IVORCED June 26t]	h, 1916 45 yrs. Months	Deys Hours Min.	
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	dge Mary	land	USA	
13. FATHER'S NAME	14. MOTHER'S MA			
Albert Sittig Pearl Davis				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 60 Beall St.,				
Yes WW 2 220-10-8898 Mrs.Louise C.Sittig, Frostburg, Md.				
18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).]				
PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION, RIGHT SUDDEN				
42 0 1 DUE TO				
Conditions, if eny, which CORONARY SCLEROSIS			Years	
geve rise to immediate cause				
(e), stetling the underlying cause last.				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PAR		
K K K K K K K K K K K K K K K K K K K			YES NO NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 2De. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING C CAUSE OF DEATH.				
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, factory, street, office bldg., atc.) Hour a.m.				
21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion				
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner				
CHIEF MEDICAL EXAMINER				
SIGNATURE (J. Jenter	M.D.	T MEDICAL EXAMINER	DATE SIGNED	
EXAMINER'S TANGE II THE COURT TO A DEPUTY MEDICAL EXAMINER & August 10, 1961				
NAME (Type) JAMES H. FEASTER Jr. M.D. Address (Streat, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Own, or county) Md State)				
REMOVAL (Specify)			202	
Burial 8-12-61 St.Mi	chaels Cemeter	Frostburg Rec'd By Registrar 24b, Registrar's s	Md.	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
f. 17. Dury Frostburg, Md. DATE NO. 14 11 Cotton S. Thank				

THE RESIDENCE OF THE PROPERTY . As Therefore ... the state of the Paris Spine of the state of the st THURSDAY TO COLUMN ON THE REAL PROPERTY The sound of the s which when the transfer to the court of the AND AND THE STATE OF THE STATE

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 1 & 2 Film G294 9/5/61 iwk

	9160	CERTIFICA	ATE OF DEAT	H	Reg. Dist. No	. 0315
	a. COUNTY OARRETT	MARYLAND	2. USUAL RESIDENCE (W	h. CC	YTAUC	fore admission) ERSET
Г	b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits,		
-	RUKAL ADDISON. PA	3 WKS	ADDIS	al PA	75	V 3
T	d. NAME OF HOSPITAL (If nat in hospital, give st OR INSTITUTION		d. STREET ADDRESS	, , , , ,		e. IS RESIDENCE
	pyt. home					YES NO THE
Ė	3. NAME OF First	Middle	Lost	4. DATE	Month D	Day Year
1	OECEASED (Type ar print) AMES	RUSSELL	STAPK	4. DATE OF DEATH	9	23 1961
t			B. DATE OF BIRTH	9. AGE (In	years IF UNDER 1 YEA	R IF UNDER 24 HRS.
ı	MA . C I . I	OWED ON DIVORCED	2/7/96	last birtl	hday) Months Days	Hours Min.
ŀ	Ioa. USUAL OCCUPATION (Give kind of work done		STRY 11. BIRTHPLACE (State			OF WHAT COUNTRY?
1	during most of working life, even if retired)	RETIRED	SOMERE	ELECT STATE	E 1 P	1150
I	3. FATHER'S NAME	NEITALY	14. MOTHER'S MAIDEN	NAME I	RSETTOJA	4.0.17.
	Stadel STROK		Mary		- //	
ŀ	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. U	NFORMANT	ORIFF17	Address	
1	(Yes, no, or unknown) (If yes, give war or dates of service)	- (as Star	he als	line Pa	
F	18. CAUSE OF DEATH [Enter only one cause p	er line for (a), (b), and (c).]	-C -G -C-12	a- una	ימו	TERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	Cand - 0 1	1	. 0	ON	SET AND DEATH
	3 IMMEDIATE CAUSE (a) DUE TO	are man	emont	age		
	Conditions if any which	Can 1 - 0	* 1			100-40
	gove rise to immediate	Certain as	remodel	13313		10 41
ı	lying cause lost.	Boreales	ed auto	man-lan		inen
		NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIO	4			(-,	PERFORMED? YES NO X
		DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in	Port I or Port II af item	18.)	TES LI HO M
	20g. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	20c. TIME OF INJURY Manth, Doy, Year 20	od, INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm	m, 20f. (City or town)	(County	(Stote)
	Haur a.m. W	hile Nat while fac	ctary, street, affice bldg., etc	c.)	(60011)	, (5.5.5)
ľ			t 1 20 / 1 . 0		0/1.	
ı	21. I certify that I attended the dec	,	1, 1961, to C		9.61, that I last sa	
ı	alive an lang 21, 1	Y_(=1,, and that death	accurred at 3:00	_M, fram the cause ADDRESS (Street, city ar		e stated abave. DATE SIGNED
ı	ACTUAL P	L-	4 ,	A DI)	SAIL SIGHES
П	SIGNATURE (1) curge Al	rong	M.D.	svelle	182	Mg-27,525
ı	PHYSICIAN'S A PAIGE ST	Robe	GRANT.	SUILLE 1	DID	
=	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City,	town, or county)	(Stote)
	BURIAL 8/26/6/	ADDISON	A	10	NERSET CO	Atta
2	3. FUNERAL DIRECTOR'S SIGNATURE	7 ADDRESS 00 S	24a. REC		. REGISTRAR'S SIGNATU	JRE
1	Hon & Howman &	Caulser 16 M		G 2 8 '61	Orthur & Heart	



FOR STATE HEALTH DEP TO DEPUTY MEDICAL ACAMINER: This certificate should be executed within 24 hours death. If any sy is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
9161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1131 51

	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (V	Vhere deceased lived, If b. COU		ce before admission)					
1	Garrett	MARYLAND	Maryland		Garrett						
V	b, CITY OR TOWN (if outside corporate limit write RURAL and give nearest town)	ts, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs		a RURAL and giva	naerest town)					
1	Oakland			Swanton							
7	d. NAME OF HOSPITAL OR INSTITUTION (ir not in nospital, giva streat address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?					
10	Garrett Memorial H	lospital	Box 63			YES NO					
	3. NAME OF First	Middle	Last 4. 1	DATE Mont	h Day	Yaar					
	(Type or print) FRANK A.	STEIN		DEATH August	10	19 61					
			. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.					
-	Male White			last birthday)	Months Days	Hours Min.					
	10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, even if refire	106. KIND OF BUSINESS OR INDUSTR	V 11 1885 Y 11. BIRTHPLACE (Stata or for	. 10	12. CITIZEN C	OF WHAT COUNTRY?					
	Mortician	Mortuary	Cumberland N	forw] and	U.S.A	9					
	13. FATHER'S NAME	Alloa o Gilla J	14. MOTHER'S MAIDEN NAME	ar j ranu	0.00						
	Louis Stein		Fernie Vescal								
	15. WAS DECEASED EVER IN U.S. ARMED FOR		Fannie Koegel	Addres	3						
	(Yes, no, or unkown) (Ifyesgivawarordatasofs		U Ctota Dow	. 42 C	Manual	3					
	NO	cause par line for (a) (b) and (c)]	a H. Stein Box	os, swante							
50	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY:										
	IMMEDIATE CAUSE (a) ENCEPHALOMALACIA WITH NECROSIS, LEFT MONTHS										
-	DUE TO COLUMN OF THE CAROLIN ADDRESS										
	Conditions, if any, which gave rise to immediate cause										
	(a), stating the underlying DUE TO	*************	DOCTO			YEARS					
	cause lest. (c) ARTERIOSCLEROSIS										
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT										
	YES X										
	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of Itam 18.)										
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
	Hour s.m. 19	Hour a.m. While Not While factory, street, office bldg., atc.)									
	21. I certify that I took charge of the remains described above, held an Autopsy XI. Inspection XI. Inquiry XI. and in my opinion										
	death resulted from: Natural causes XI, Accident II, Suicide II, Homicide II, Undetermined manner										
	CHIEF MEDICAL EXAMINER										
	ACTUAL /	- 7 7 Anh	M.D. ASSISTANT MEDICAL			ATE SIGNED					
	SIGNATURE CO.	the if			12 your St.						
-	EXAMINER'S DEPUTY MEDICAL EXAMINER 1 AUGUST 10, 1961										
	220, BURIAL, CREMATION, 22b. DATE THERE	OF 22c, NAME OF CEMETERY OF	CREMATORY 22d.	LOCATION (City, low	land Man	ryland					
	REMOVAL (Specify)										
()	Intombment Aug. 13,	1961 Rose Hill Maus	oleum Cun	berland M. REGISTRAR 248. REG	ryland	LIDE					
1	PS. POINERAL DIRECTOR	ADDRESS		. 10.4		-					
1	ouis Their Fred Fred	derick St. Cumb. Md.	DATE AUG	1 4 '61	arthur & ft	SARA					
0	7										

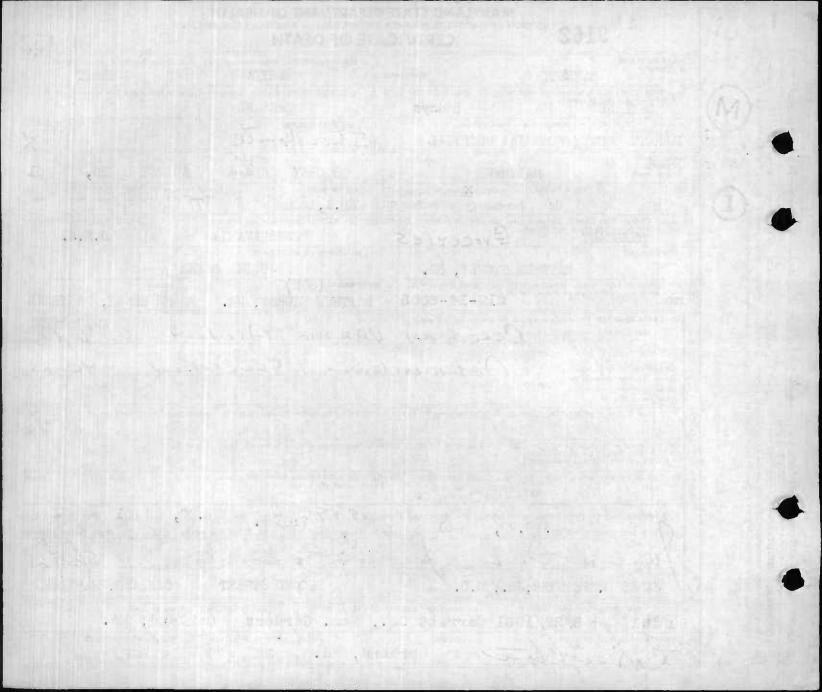
TANK TOURS - backet to xell Endroy Salabaet diegran Of surger A COMPANY OF THE PROPERTY OF THE PARTY OF TH eting efec July 11, 1885 TF fenent sionel Louis Stain manyal contract of the rise of the THE RESOLUTE WITH STOATS OF PROPERTY B4431 fiel , of remnata The state of the s Incombount 13, 1961 Rose Hill ausclaus Junterious, garging AND ENGLISHED TO BE AND THE SECOND TO MEETING THE SECOND TO MEETING THE SECOND THE SECON

9162

TO HOSPIT VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	3702		CERTI	FICA'	TE OF DEA	TH				()	9152
1. PLACE OF DEATH o. COUNTY	GARRETT		MAR	YLAND	2. USUAL RESIDENC	E (Where de		. If institutio c. COUNTY		before odr	nission)
b. CITY OR TOWN (RURAL and give no OA KLAN	If outside corporate lime earest town) D	its, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	N (If outside OAKLA)		nits, write RL	IRAL and give	nearest h	own)
OR INSTITUTION	TAL (If not in hospital, ounty MEMOR	LALLEYA,			Star /	Poul	Te .			10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)		rsi TTHEW	Midd	le	STOREY	4. D	ATE F EATH	AU GU		20,	Year 19 61
5. SEX	6. COLOR OR RACE	7- MARR	D DIVORO		FEB.1,188	4	9. AG	E (In years buthday) yrs.	-	YEAR IF UI	NDER 24 HRS.
100. USUAL OCCUPATION during most of work MERCH	ON (Give kind of work king life, even if retired ANT		KIND OF BUSINESS	_		(Stote or for NNSYL)				U.S.	AT COUNTRY?
13. FATHER'S NAME	MA TTHE		REY, SR.	il i	14. MOTHER'S MAII	JUL.	E BA	KER			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOI (If yes, give war ar dates of	RCES? 16. service) 21	9-14-600	0. 17. IN	formant (SON MATTHEW ST		JR.	Addre MC	HENRY	, MAF	RYLAND
18. CAUSE OF DEA	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	ouse per lin		:).]	PASLSIAN	A	ce-do	=-+			BETWEEN ND DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ny, which mmediate Due To	A	A FERIO	scl	inos.s	961	<i>م عر</i> جار	1.2-	6	40	?Aps
PART II. OTI	HER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERMINAL	ISEASE CON	DITION GIV	EN IN PART 1	PE	AS AUTOPSY REORMED?
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURRE). (Enter noture of inju	ury in Port I	or Port II of	item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	While of worl	Not while of work		ACE OF INJURY (Home tory, street, office bldg		. (City or to	~n)	(Cou	inty)	(Stote)
21. I certify the sew the decea	at (I) (this haspita	1) attend	67		eath accurred at						l) (w e) last ted abave. /225.DATE
20c. PHYSICIAN'S	- H -	enter	*		M.D. ATTENDING PHYS.	MED. DIRECTO	OR PH	YS.		8/2	1/6/NED
'JAME'S'	H. FEASTER,				SECO		REET		KLAND,		
23g. BURIAL, CREMATIC REMOVAL (Specify	8/22/1	961	Garrett		Mem. Ga	rdens	0 8		d, Md	•	Stote)
24. FUNERAL-DIRECTOR	'S SIGNATURE	-	ADDRESS 08	klar	id, Md. DAI	REC'D BY			trar's SIGN		



FOR STATE TO DEPUTY MEDICAL #XAMINER: This certificate should be executed within 24 hours and death. If any construction please execute the certificate, writing the word "pending" in pending them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after 165th.

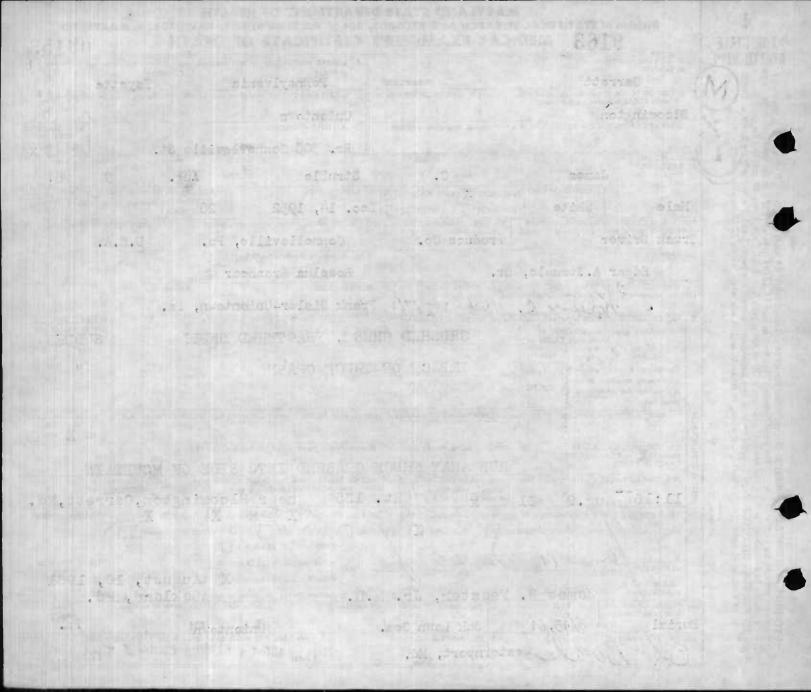
> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 9163 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

09153

N.A		PLACE OF DEATH o. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Pennsylvania Favette							
MI	T	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		outsida corporate limits, write F						
	1	Bloomington		Uniontown		75 X -3					
-><		d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE					
8				Dn 308 day	nnellsville St.	ON A FARM?					
	13,	NAME OF First	Middle	Lasi	4. DATE Month	Dey Year					
1		(Type or print) James	0.	Struble	of death Aug.	9 1961					
	5.	SEX 6. COLOR OR RACE 7. MAI	RRIED X NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF						
	I	Male White WIDO	WED DIVORCED T	ec. 14, 1932	last birthdey) A	Months Days Hours Min.					
	10a	. USUAL OCCUPATION (Give kind of work 10t	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Siela c	r foreign country)	12. CITIZEN OF WHAT COUNTRY					
	T	ruck Driver	roduce Co.	Connellsv	ille, Pa.	U.S.A.					
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN N							
		Edgar A.Struble, Sr		Roselma Bra	ashear						
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT	Address						
	(Ye	os, no, or unkown) (Ifyesgivewarordatesofservice)	164-26-7762 F	rank Sisler-I	Uniontown, Pa.						
	-	18. CAUSE OF DEATH [Enter only one cause p		2000 010101-	minorioomii, rae	I INTERVAL BETWEEN					
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
		IMMEDIATE CAUSE (a)	CRUSHED CH	EST, FRACTU	RED SKULL	SUDDEN					
/		DUE TO	IMPACT OF	TOTAL ADAGE		11					
		Conditions, if any, which (b)	IMPACT OF	TRUCK CRASH							
	1	(a), slating the underlying DUE TO									
		cause last. (c)									
1	NO.	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
2	CAT					YES 📉 NO 🖸					
	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DES	CRIBE HOW INJURY OCCURED. (F	intar nature of Injury in Part	l or Pert II of ilem 18.)						
		PRIMARY or CONTRIBUTING CAUSE OF DEATH.	UN AWAY TRUCK	CRASHED IN	TO SIDE OF N	OUNTA TN					
	WEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20	d. INJURY OCCURRED. 20e. PLA	CE OF INJURY (Homa, farm,	: 20f. (City or town)	(County) (Stata)					
1.	WEDI		work of work Rt.	ory, street, office bldg., etc.)	r Bloomingto	on, Garrett, Md.					
1/		21. I certify that I took charge of the			Inspection X, Inquiry						
1		death resulted from: Natural causes									
2				CHIEF MEDICAL EX							
-		ACTUAL COM 1-1	to 70 . X	ACCICTANT MEDIC	CAL EXAMINER	DATE SIGNED					
		SIGNATURE	The American	M.D.							
		EXAMINER'S NAME (U/po) Tomas H E	The Market Transfer		EXAMINER Augus						
	22a	BURIAL, CREMATION, 22b. DATE THEREOF	easter, Jr. M	CREMATORY	22d. LOCATION (City, lown, o	or country) (State)					
		REMOVAL (Specify)				Pail					
	22	CINIEDEN DIDECTOR	Oak Lawn Cem.	24e. RFC'	Uniontown: D BY REGISTRAR 24b. REGIST						
	23	11/2/1/	ernport, Md	All		Chun S. Krama					
	1	N. / Man	-TIPOT US MU	DATE PAN							



INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

9164 CERTIFICATE OF DEATH

Reg. Dist. No. 19154

COUNTY CARRETT	MARYLAND	STATE W. Va.	COUNTY (Grant.				
CITY (If outside corporate limits, write RURAL OR end citya nearest town) TOWN ANLIAND MILE.	(in this place) IO: Menths.		rille.	give neerest town)				
HOSPITAL OR INSTITUTION OR CUPPETT NURSING HOSTING HOSTING HOSTING	ME.	STREET ADDRESS	e location)					
3. NAME OF DECEASED DENJAMIN OI	(Middle)	(Lest) NER	4. DATE (Month) OF DEATH 8	- 19 - 6I.				
5 SEX 6. COLOR OR 7. SINGLE, MAR WIDOWED (Specify)	RIED, 8. DAJE O 12/27	IS77.	02	F UNDER 1 YEAR IF UNDER 24 HRS. Aonths Deys Hours Min.				
	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Grant County)		12. CITIZEN OF WHAT				
DAVID W. TURNER.								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no, or unk.) (If Yes, give war or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT &	Turner, Anti	och, W.va.				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		TIFICATION TM) A		INTERVAL BETWEEN ONSET AND DEATH 3 in 0				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY? YES NO				
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	me, ferm, fectory, , office bldg., etc.)	RIC. WHERE DID INJURY OCCU	R? (City or town)	(County) (Stele)				
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21 W M. et								
22. I hereby certify that I attended the decalive on 19 mm, an signature 23. Buriat, CREMATION, REMOVAL (SPECIFY) Buried. 24. I hereby certify that I attended the decale alive on 19 mm, and 19 mm	or county) (Stete)							
24. REC'D BY REGISTRAR DATE REGISTRAR'S SIGNATUR Oxilus & Ho		25. FUNERAL DIRECTOR'S	signature Pete	ADDRESS rsburg.W. Va.				

. MARY VARIED STATE OFFICE OF MALTIS-BALYSMORE, TO

THE CERTIFICATE OF DEATH

OF THE PARTY AND ADDRESS. AZZ STRIKEN MED MA CHELLY S . Busham : OI THE RESERVE AND RESERVE dress total trees. .Testing THE TOTAL STREET AFTER ADMITER TORRESPONDE TO THE PROPERTY OF T 1/22/61. Day of Day Int in · If the target of target of the target of targe

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

DATE

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 9165

119155

	Reg. Dist. No								
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED								
COUNTY GARRETT MARYLAND	STATE MARYLAND COUNTY GARRETT								
CITY (It outside corporate limits, write RURAL OR and pine nearest fown) TOWN A TIZELER LENGTH OF STAY 55 (In this place)	OR								
	TOWN KITZMILLER								
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS								
STREET ADDRESS MAIN STREET	MAIN STREET								
3. NAME OF (First) (Middle) DECEASED TELL ANGELOW	(Lest) 4. DATE (Month) (Day) (Yaar)								
	VILSON DEATHAUGUST 23,1961								
TO THE THE PROPERTY OF THE PRO	DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HR Ann 1 Pays Hours Min.								
(Specify) 22 cc off occ	OH 0, 10//								
10a, USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
Englishe Working life, even if Own Home	Preston Co., W. Va. U.S.A.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
JOHN FORTNEY	ELIZABETH HOLLEY								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N									
(Yes, nd)Ounk.) (If Yes, give war or dates of service) NONE Mrs. Margaret Wilson, Kitzmiller M									
1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, OUR TO DISEASE OR CONDITIONS, IF ANY, OUR TO THE ABOVE CAUSE	Head Dum . 3 y								
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	in Jun.								
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES \(\text{NO } \(\frac{1}{4} \)								
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY streat, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)									
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not while et work et work	211. HOW DID INJURY OCCUR?								
22. I hereby certify that I attended the deceased from	, 19.58 , to lug 25 , 19.6 , that I last saw the decease								
alive on									
Kelf Celaudolla M.D.	D. Kitzmiller, Md. Quy 24-6 RY OR CREMATORY LOCATION (City, town, or county) (Stete)								
Buriai 8/26/61 Hamill C									
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
BATE AUG 25'61 Cirian S. Thank	May 71 Starble Al Blaine, W. va								

MARYLAND STATE DEPARTMENT OF HEALTH-HALTEMORE, 15

PIES CERTIFICATE OF DEATH

I wish to have also with my box because in the first Conference of the first time of

FOR STATE HEALTH DEPT. th. If any delay is necessary, to the funeral director. Page be retained for your files. In the State Board of Health, a. COUNTY Garrett 3. NAME OF with 5. SEX 1, 2, and 3 age 5 may and 2 with 72 hours at ages 1, 2 Give Pages 1 ing" in pencil in Item 11 ar's Office along with as a burial-transit permi removal, and in any with perm "pending" Examiner's as 0 used should be used rial, cremation, 9 the word Medical lease execute the certificate, writing the should be forwarded to the Chief Me PUNERAL DIRECTOR: Page 3 sho r its designated agent, prior to burial, DEPUTY 240 g VS. A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH b. COUNTY Garrett MARYLAND West Virginia Grant b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Oakland, 10 days Gormania . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO County Memorial Hospita] 4. DATE Month Last Dev DECEASED OF (Type or print) DEATH 196] Katherine Dilgarde Winters August 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED DIVORCED Female March 21 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) West Virginia House Wife Own Home U.S.A. 13. FATHER'S NAME Katherine Flaser Godfrey Dilgarde

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyes give wer or detes of service) Treacy O. Winters Gormania. 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5-20 mins. PULMONARY EMBOLI, MASSIVE IMMEDIATE CAUSE (a) DUE TO FRACTURE OF RIGHT HIP days Conditions, if eny, which gave risa to immadiate causa DUE TO (e), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO F 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING ell at home and fractured right hip.
20d, INJURY OCCURRED | 20d, PLACE OF INJURY (Home, ferm, 201. (City or fown) 20c. TIME OF INJURY Month, Dey, Yeer (County) (Stete) factory, street, office bldg., etc.) Not While et work at work Gormania. West Va. Inquiry V and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection -Accident Suicide Undetermined manner Homicide Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER' CREMATION TIME SATE HIRRE FEAST PRIME STEMPER OF CHIMATOGRAPHE D. Address (Street, city, town, or county) Oakland, Md. Md. Meiel NAME (Type REMOVAL (Specify) Sylvan Heights Memorial Uniontown, Benna. Burlal 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Circhan S. Thans 161 DATE AUG Oakland.

- Mar 20 4 A 780 Of --- Legicens Calendary The ca Jd was the data the street street street at dance of the day THE REAL PROPERTY OF THE PROPE towned to Linguist der diese. It (c. THE REPORT OF THE PARTY OF THE ACTUATION OF THE PROPERTY OF THE PARTY OF TH . Markey , comment of the second of the seco and the control of th weren a soften and the the formatter intention, Patient out of the break and below the bear the

within 24,

PHYSICIAN: The law requires that the death certificate be e

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	PLACE OF DEATH D. COUNTY	RRETT		MARYL	AND	a. STATE	MARYL		d lived. If instituti b. COUNTY	on: Residence	e before o	admission)	
	b. CITY OR TOWN (If RURAL ond give nee	autside corporate limi arest town)	ts, write	c. LENGTH OF STAY II	и 1ь	c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)							
		OAKL		5 DAYS				MT. LA	KE PARK,	MARY			
	OR INSTITUTION	AL (If nat in hospital, g UNTY MEMOR.				d. STREET AC	DDRESS					IS RESIDENCE ON A FARM? (ES NO [
	NAME OF DECEASED (Type or print)	DANIEL		ILROY WRI	GHT	Lost SMAN		4. DATE OF DEATH	AUGUST	ith	16	Yeor 19 61	
5.	SEX	6. COLOR OR RACE	7. MARE	RIED MEVER MARRIED		B. DATE OF BIRTH			9. AGE (In years			UNDER 24 HRS	
	MALE	WHITE	WIDOWI	ED DIVORCED		JUNE 25.	1882	7. T	19 yrs.	Months	Doys H	Hours Min.	
	FARMER	N (Give kind of work a ing life, even if retired		KIND OF BUSINESS OR Parm	INDUS	PE	NNA.		auntry)	12. CITIZ	U.S.	A.	
13.	FATHER'S NAME	01411 NT 701				14. MOTHER'S							
		SMAN, RECEN			T		IERS,	MARY	Add		DADI	7. 10	
	NO NO	IN U. S. ARMED FOR If yes, give wor or dates of s	ancient .	9-14-6606		formant FE-WRIGH	TSMAN	, SARA	AH ANN RO			k, MD. I. Lake	
				ne far (a), (b), and (c).]		1.1					INTERV	AL BETWEEN	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Congest	00	Aulu	re						
	416	DUE TO		nl	1			1					
	Conditions, if or	iy, which) (b	,	Kheuma	elle	, peli	W	aus	eere.			A ST HO	
	gave rise to in	n mediate					120						
	couse (o), stoting the <u>under-</u> lying couse lost.												
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART		WAS AUTOPSY PERFORMED? 'ES NO	
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter noture af	injury in I	Part I ar Par	t II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Day, Ye	While			CE OF INJURY (Hory, street, office			y ar tawn)	(Ċ	aunty)	(Stote	
	21. I certify that (I) (this hospital) attended the deceased from 10 Jun 1961, to 16 aug., 161, that (I) (we) last saw the deceased glive on 16 aug. 1961, and that death accurred at 230M, from the causes and an the date stated above.												
	220. SIGNATURE	138 grav	An	m.		M.D. PHYS.		ED. RECTOR [STAFF PHYS.		81	17 G	
	22c. PHYSICIAN'S NAME (Type)	B. L. GRAN	r, m).		22d. ADDRE OAK		MARY	LAND		/	/	
23	BURIAL, CREMATIO	8/19/19		23c. NAME OF CEME Pleasant			mete		TION (City, town, Mt. Lake		k, N	(State) Vid.	
24	JUNERAL DIRECTOR	S SIGNATURE	,	ADDRESS	3	38.2	250. REC'	D BY REGIS	16.1	ISTRAR'S SIG			

Oakland, Md.

DATE

TO HOSP

OR ATTEN

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